

ORIGINAL FILE

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(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

WORKING ASSETS FUNDING SERVICE, INC.

Application to expand its certificate of authority to :
include authority to operate as a reseller of local exchange :
telecommunications services in the State of Illinois :

08-0716

CHIEF CLERK'S OFFICE

2003 DEC 15 P 12:58

ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 94-2987585

Working Assets Funding Service, Inc.

Address: Street 101 Market Street, Suite 700

City San Francisco

State/Zip CA 94105

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange

 X 13-404 Resale of Local and/or

Interexchange

 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority waivers of Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

 X Part 710 Uniform System of Accounts for Telecommunications Carriers

 Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

 X Section 735.180 Directories

 X Other **See Attachment A for waivers requested.**

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: **See Attachment B.**

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (c) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service.

Statewide

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a. issues related to processing this application
- b. consumer issues
- c. customer complaint resolution
- d. technical and service quality issues
- e. "tariff" and pricing issues
- f. 9-1-1 issues
- g. security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address. **See Attachment C**

7. Please check type of organization?

☐ Individual

☒ Corporation

☐ Partnership

Date corporation was formed **November 25, 1985**

In what state? **California**

☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See Attachment D.**

9. List jurisdictions in which Applicant is offering service(s).

Applicant currently provides long distance services in Hawaii and the 48 contiguous United States. Applicant is authorized to provide competitive local exchange services in California and New York.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

☒ YES ☐ NO

If YES, please list. **Long distance services are provided under the d/b/a of Working Assets Long Distance Services.**

13. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested. **See Attachment A**

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See Attachment E.**

15. List officers of Applicant.

Laura Scher, Chief Executive Officer

Stephen C. Gunn, VP, Operations

Michael Hall Kieschnick, President

Tiana G. Wimmer, VP, Marketing

Lawrence Litvak, Chief Financial Officer

Christina C. Allen, VP, Online & Customer Relations

16. Does any officer of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)
Applicant will bill customers monthly. Each bill will contain all of the information and notices required by 83 Ill. Adm. Code g 735.70 and all other information required by Part 735.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers may call customer service at 1-888-856-2527 to submit complaints, or they may do so in writing and mail to Working Assets Funding Service, Inc., 101 Market Street, Suite 700, San Francisco, CA 94105. Customer service personnel handle complaint resolution. Any written complaints received at the office are maintained at the home office by management. The company contracts with its underlying carrier(s) for service and repairs. Repair complaints will be reported immediately to the underlying carrier(s) whose personnel will provide Service for the Company's customers. Our customers will receive service at least equal to that of our underlying carrier's customers. Most customer inquiries or complaints are resolved during the customer's initial phone call. Issues that are not resolved are referred to a customer service supervisor. The supervisor then reviews the complaint and conducts further investigation if needed. The supervisor responds to the customer by phone within a week. If the resolution is negative to the customer, the customer may escalate the issue to the company's overall Customer Service Supervisor and an answer is provided to the customer by the next day. If the resolution is negative to the customer, the customer is informed of the address and phone number of the Commission's Consumer Affairs Division.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES
☐ NO

20. What telephone number(s) would a customer use to contact your company?

888-856-2527

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Customers subscribe to the company's services with a verbal or written letter of agency in accordance with federal and state regulations. The company requires all of its sales representatives to comply with all federal and state regulations regarding slamming and cramming. Any instances of non-compliance are thoroughly investigated and appropriate action taken.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

 X * YES NO (If no, please provide an explanation.)
*except for the waivers requested

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

 X YES NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **See Attachment F.**

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? YES X
NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

 Z-Tel Communications, Inc.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

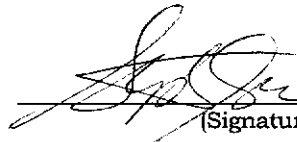
Local exchange services including local exchange service, dial tone, operator services, custom calling services, bundled service offerings, directory assistance, and other services available to the company from the underlying carrier(s).

28. Will technical personnel be available at all times to assist customers with service problems?

____ YES ☒ NO

Customer Service is available from 5am to 8pm (PST) M-F, and 7am-5pm (PST) Saturday and Sunday.

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES ☒ NO



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of California)

)ss

County of San Francisco)

Stephen C. Gunn makes oath and says that he is Vice President of Operations
(Insert here the name of affiant) (Insert the official title of the affiant)

of Working Assets Funding Service, Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

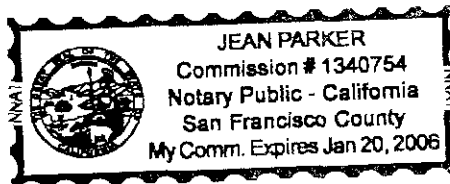

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public

Jean Parker
(Title of person authorized to administer oaths)

in the State and County above named, this 10th day of December, 2003.


(Signature of person authorized to administer oath)



ATTACHMENTS

	<u>ATTACHMENT</u>
Waiver Requests	A
Appendices A, B, and C	B
Staff Contacts	C
Corporate Documents	D
Key Management Personnel	E
Financial Information	F
Chart of Accounts	G
ITAC and UTAC Membership Application And Agreement	H
Testimony	I